

2871/12

PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Application Number 10/063,086 TRANSMITTAL Filing Date 03/18/2002 **FORM** Chung-Yuan Liu First Named Inventor (to be used for all correspondence after initial filing) Group Art Unit 2871 **Examiner Name** Total Number of Pages in This Submission CMOP0016USA Attorney Docket Number **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers 1 Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Amendment / Reply Licensing-related Papers Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Petition After Final **Proprietary Information** Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please **Extension of Time Request** identify below): Terminal Disclaimer **Express Abandonment Request** ECHHOLOGY CENTER 2800 Request for Refund Information Disclosure Statement CD, Number of CD(s) _ Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm WINSTON HSU Individual name Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Typed or printed name

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	0.00
(Ψ)	0.00

Complete if Known					
Application Number	10/063,086				
Filing Date	03/18/2002				
First Named Inventor	Chung-Yuan Liu				
Examiner Name					
Group Art Unit	2871				
Attorney Docket No.	CMOP0016USA				

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any every authorized to:	3. ADDITIONAL FEES				
Denosit	Large Small				
Account 50-0801	Entity Entity Fee Fee Fee Fee Fee Fee Fee Fee	ee Paid			
Deposit North America International Patent	Code (\$) Code (\$)	e raid			
Account Name Office	105 130 205 65 Surcharge - late filing fee or oath				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination				
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to				
Check Credit card Money Other	Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 400 216 200 Extension for reply within second month				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month				
101 740 201 370 Utility filing fee	118 1,440 218 720 Extension for reply within fourth month				
106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within fifth month				
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal				
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal				
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing				
01177774 (1) (1) 0 00	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 0.00	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES Fee from	140 110 240 55 Petition to revive - unavoidable 141 1,280 241 640 Petition to revive - unintentional 142 1,280 242 640 Utility issue fee (or reissue) 143 460 243 230 Design issue fee				
Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)	70			
Total Claims20** = X = Independent	143 460 243 230 Design issue fee	77			
Claims — 3 - — ^ — = = = = = =		$\frac{2}{2}$			
Multiple Dependent	122 130 122 130 Petitions to the Commissioner				
Large Entity Court Entity	123 50 123 50 Processing fee under 37 CFR 1.17(a)	¥ I			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stm				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignmen per property (times number of properties)				
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))				
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 0.00	Other fee (specify)				
005.0(2)	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 0.0	<u>.~</u>			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	WINSTON HSU	Registration No. 41,526 (Attorney/Agent)	Telephone	886-2-8923-7350	
Signature	Wurstonton	1	Date	6/18/2002	

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:								
Prior Foreign Application Number(s)	Cou	ıntry		eign Filing Date MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	y Attached? NO	
090106525	Taiwan,	R.O.C.	03	20 Z00	000000000000000	#000000000000000	00000000000000000	
Additional provisional a						,		
Applic	cation Numb	er		Filing Date (MM/DD/YYYY)				
·								
Additional U.S. applicati	ons:							
U.S. Parent Applicat Number	tion	PCT Paren Number	t		iling Date D/YYYY)	Parent Pater (if applic		

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